

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-032757

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 65

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300-
Rev. 4/59

1 0541

2 0541

3

4 0

5 1

6

7 1

8 0

9 4201

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Rafayette</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Rafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Higginsville</u>		c. CITY OR TOWN <u>Higginsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>712 N. 26th St.</u>		d. STREET ADDRESS (If outside, give location) <u>712 N. 26th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Martin</u> Middle <u>Ruther</u> Last <u>Price</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/11/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salesman & Mechanic</u>		11. BIRTHPLACE (City and state or country) <u>Fort Scott, Kan.</u>	
13a. FATHER'S NAME <u>Martin Ruther Price</u>		14. NAME OF HUSBAND OR WIFE <u>Bethel Raverne Price</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>U.S. Army</u>		17. INFORMANT <u>Bethel Raverne Price - Higginsville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Coronary Arteriosclerosis DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>Years.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Higginsville, Mo.</u>	
21. I attended the deceased from <u>Aug 27-63 4:30 PM</u> to <u>Aug 27-63 5:30 PM</u> and last saw him alive on <u>Aug 27-63</u> Death occurred at <u>5:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. Kappenberg</u> (Degree or title) 22b. ADDRESS <u>Higginsville, Mo.</u> 22c. DATE SIGNED <u>Sept 5-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/30/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	23d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>
24. FUNERAL DIRECTOR <u>Meegs-Piekhof</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 6, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Lucie G. Jordan</u>	

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Roy F. Wiegman

Licensed Embalmer No.

2883

P. O. Address

Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.